1. REQUEST NO. 1. REAL CODE.	REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)				THIS REQ X IS NOT A SMALL BUSINESS SI				SIDE	PAGE OF	PAGES 11
NO.173-12-Q-0305				3. REQUISITION/PURCHASE REQUEST NO.			4. CERT, FOR NAT. DEF. RATING				
Supply Officer (Code 3410)XEL, Maskinston, DC 20375 S1. FOR INFORMATION CALL (NO COLLECT CALLS) NAME S1. FOR INFORMATION CALL (NO COLLECT CALLS) AREA CODE NAME B. TO: STORE TO DESTINATION B. TO: NAME B. TO: STORET ADDRESS G. CITY S. STATE T.ZP CODE S. STATE ADDRESS G. CITY S. STATE T.ZP CODE S. STATE T.ZP CODE S. STATE T.ZP CODE T.ZP CODE T.ZP CODE T.ZP CODE	N00173-12-Q-0305 08/27/12 5a. ISSUED BY			55-4244-12			AND/OR DMS REG. 1				
See attached continuation sheets See attached continuation sheets See attached co	Supply Officer (Code 2410) MDI Washington DC 2										
AREA CODE NUMBER 9. DESTINATION 1. SEC Section 1. STATE							7. DELIVERY				
JODI FIELDS APPLIES S. TOLE S. NAME S. TOLE S. NAME S. TOLE S. STATE S. TOLE	NAME TELEPH						NE NUMBER				
B. NAME OF CONSIGNEE B. TO: NAME OF CONSIGNEE NA	Todi Biolda				AREA CODE	NUME	BER				Donicadic)
ALL QUOTEDS C. STREET ADDRESS ALL QUOTEDS C. STREET ADDRESS C. CITY Washington D. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK \$6 ON OR BEPORE CLOSE OF BUSINESS (that) D. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK \$6 ON OR BEPORE CLOSE OF BUSINESS (that) D. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK \$6 ON OR BEPORE CLOSE OF BUSINESS (that) D. PLEASE FURNISH QUOTATIONS (TO HE ISSUING OFFICE IN BLOCK \$6 ON OR BEPORE CLOSE OF BUSINESS (that) D. PLEASE FURNISH QUOTATIONS (TO HE ISSUING OFFICE IN BLOCK \$6 ON OR BEPORE CLOSE OF BUSINESS (that) D. PLEASE FURNISH QUOTATION TO THE ISSUING OFFICE IN BLOCK \$6 ON OR BEPORE CLOSE OF BUSINESS (that) D. PLEASE FURNISH QUOTATION TO THE ISSUING OFFICE IN BLOCK \$6 ON OR BEPORE CLOSE OF BUSINESS (that) D. SCHEDULE (Include applicable Federals, State and focal taxes) TEM NO. SUPPRIESY SERVICES D. J. SCHEDULE (Include applicable Federals, State and focal taxes) TO ISSUING THE TO THE PROMPT PAYMENT D. SUPPRIESY SERVICES D. J. CALENDAR DAYS NUMBER PERCENTACE NOTE: Additional provisions and representations are are not attached. 13. NAME AND ADDRESS OF QUOTER 14. SIGNATURE OF PERSON AUTHORIZED TO SIGN DUOTATION SIGN QUOTATION SIGNATURE OF PERSON AUTHORIZED TO SIGN DUOTATION D. STREET ADDRESS 6. COUNTY D. STREET ADDRESS A NAME (Type or print) D. STREET ADDRESS 16. SIGNER D. TELEPHONE AREA CODE	JOGI FIEIGS				202 767-6198		-6198	a. NAME OF CONSIGNEE			
ALL QUOLETS C. STREET ADDRESS C. CTTY Washington CCTY C. CTTY Washington C. CTTY Washington C. CTTY Washington C. STATE C. CTTY Washington C. CTTY Washington C. STATE C. CTTY Washington C. CTTY Washington C. CTTY C. CTTY C. CTTY C. CTTY Washington C. CTTY C. CTTY C. CTTY C. CTTY C. CTTY C. CTTY Washington C. CTTY C.	8. TO:							Naval Research Laboratory			
d. CITY Code Code	a. NAME	MPANY	/PANY			b. STREET ADDRESS					
d. CITY 10. PLEASE FURNISH QUOTATIONS TO THE SUMMED OF CLOSE OF BUSINESS (Davie) 10. PLEASE FURNISH QUOTATIONS TO THE SUMMED OF CLOSE OF BUSINESS (Davie) 10. PLEASE FURNISH QUOTATIONS TO THE SUMMED OF CLOSE OF BUSINESS (Davie) 10. PLEASE FURNISH QUOTATIONS TO THE SUMMED OF CLOSE OF BUSINESS (Davie) 10. PLEASE FURNISH QUOTATIONS TO THE SUMMED OF CLOSE OF BUSINESS (Davie) 10. PLEASE FURNISH QUOTATIONS TO THE SUMMED OF CLOSE OF BUSINESS (Davie) 10. PLEASE FURNISH QUOTATIONS TO THE SUMMED OF CLOSE OF BUSINESS (Davie) 10. PLEASE FURNISH QUOTATION THIS IS A security of the address in Book 5s. This request does not committed 60 overament to pay any costs incurred in the proparation of the submission of the quotation of to contract for supplies or service. Supplies and certain to the address in Book 5s. This request does not committed 60 overament to gay any costs incurred in the proparation of the submission of the quotation of to contract for supplies or service. Supplies of serv											
d. CITY 10. PLEASE FURNISH OUDTATIONS TO THE ISSUING OFICE IN BLOCK is any OR BEFORE CLOSE OF BUSINESS. (Date) O9/06/2012 11. SCHEDULE (Include applicable Federal, State and local faves) (a) THE NO. (a) THE NO. (b) THE NO. (c) THE NO. (d) THE N	c. STREET AD	DRESS						1			
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING ONCE IN BLOCK 56 ON OR BEFORE CLOSE OF BUSINESS (Date) 09/06/2012 11. SCHEDULE flactude applicable Applicable Federal, State and local taxes) 11. SCHEDULE flactude applicable Federal, State and local taxes 12. DISCOUNT FOR PROMPT PAYMENT 13. IN CALENDAR DAYS 14. DISCOUNT FOR PROMPT PAYMENT 15. DISCOUNT FOR PROMPT PAYMENT 16. IN INC. 16. IN INC. 17. AME AND ADDRESS OF QUOTER 18. NAME (Type or print) 19. TELEPHONE AREA CODE 10. TELEPHONE AREA CODE 10. TELEPHONE AREA CODE											
10. PLEASE FURNISH QUICATIONS TO THE ISSUING OFFICE IN BLOCK 56 ON OR BEFORE CLOSE OF BUSINESS (Date) O9/06/2012	d. CITY				e. STATE f. ZIP CODE						
ISSUNIC DRICE IN BLOCK 59 DN OR BEFORE LOSS OF BUSINESS (Bate) BEFORE LOSS OF BUSINESS (Bate) 09/06/2012 11. SCHEDULE (Include applicable Federal, State and Include) 11. SCHEDULE (Include applicable Federal, State and Include) 12. DISCOUNT FOR PROMPT PAYMENT 13. CALENDAR DAYS 14. DISCOUNT FOR PROMPT PAYMENT 15. DISCOUNT FOR PROMPT PAYMENT 16. SUPLESS SERVICES 17. CALENDAR DAYS 18. 10 CALENDAR DAYS 19. 10 CALENDAR DAYS 19. 20 CALENDAR DAYS 19. 30 CALENDAR DAYS 19. 30 CALENDAR DAYS 19. 40 CALENDAR DAYS 19. 41 CALENDAR DAYS 19. 41 CALENDAR DAYS 19. 42 CALENDAR DAYS 19. 42 CALENDAR DAYS 19. 43 CALENDAR DAYS 19. 40 CALENDAR DAYS 19. 41 CALENDAR DAYS 19. 41 CALENDAR DAYS 19. 42 CALENDAR DAYS 19. 42 CALENDAR DAYS 19. 42 CALENDAR DAYS 19. 43 CALENDAR DAYS 19. 44 CALENDAR DAYS 19. 50 CALENDAR DAYS 19. 5	10 DIEASE EI	IBNIEH OHOTATION	C TO THE	T				D	C 20375		
See attached continuation sheets See attached c	ISSUING O BEFORE C	DFICE IN BLOCK 5a O LOSE OF BUSINESS	IN OR (Date)	so indicate on costs incurred domestic origi Quotation mu	this form and re in the preparation in unless otherwist st be completed b	eturn it on of th se indica by the q	to the address in Block 5a e submission of this quote ated by quoter. Any repro uoter.	. This re ation or t esentatio	equest does not commit to contract for supplies ns and/or certifications	t the Governi or service.	ment to pay any Supplies are of
See attached continuation sheets See attached continuation See attached continuation sheets See attached continua				E (Include app	olicabl						
See attached continuation sheets 12. DISCOUNT FOR PROMPT PAYMENT 16 16 17 18 19 19 19 19 19 19 19	ITEM NO.		SUPPL	IES/ SERVICES			QUANTITY	UNIT	UNIT PRICE	AN	MOUNT
12. DISCOUNT FOR PROMPT PAYMENT a. 10 CALENDAR DAYS b. 20 CALENDAR DAYS c. 30 CALENDAR DAYS with the control of the c	(a) (b)					(c)	(d)	(e)	(f)		
12. DISCOUNT FOR PROMPT PAYMENT (%) (%) NUMBER PERCENTAGE NUMBER PERCENTAGE NUMBER PERCENTAGE NUMBER PERCENTAGE NUMBER PERCENTAGE 14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION SIGN QUOTATION 15. DATE OF QUOTATION 16. SIGNER a. NAME (Type or print) b. TELEPHONE AREA CODE		, gans	a järka								
NOTE: Additional provisions and representations are are not attached. 13. NAME AND ADDRESS OF QUOTER a. NAME OF QUOTER b. STREET ADDRESS c. COUNTY are not attached. 14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION 15. DATE OF QUOTATION 16. SIGNER a. NAME (Type or print) b. TELEPHONE AREA CODE	(94)							c. 30 CALENDAR DAYS (%)			
13. NAME AND ADDRESS OF QUOTER a. NAME OF QUOTER b. STREET ADDRESS c. COUNTY 14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION 15. DATE OF QUOTATION 16. SIGNER a. NAME (Type or print) b. TELEPHONE AREA CODE	12. DISCOU	NT FOR PROMPT P.	AYMENT	(10)			1,707			NUMBER	PERCENTAGE
13. NAME AND ADDRESS OF QUOTER a. NAME OF QUOTER b. STREET ADDRESS c. COUNTY 14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION 15. DATE OF QUOTATION 16. SIGNER a. NAME (Type or print) b. TELEPHONE AREA CODE	NOTE: Ada	Jiai I									
a. NAME OF QUOTER SIGN QUOTATION 16. SIGNER a. NAME (Type or print) b. TELEPHONE AREA CODE	NOTE: Add					a		CON ALI	THORIZED TO	ILE DATE	DE OLIOTATION
a. NAME (Type or print) b. TELEPHONE AREA CODE	a. NAME OF C		AND ADDRE	55 OF QUUTER	1		1	SON AU	THORIZED TO	15. DATE	Jr GOOTATION
a. NAME (Type or print) b. TELEPHONE AREA CODE	b. STREET AD	DRESS	····						16. SIGNER	L	
c. COUNTY AREA CODE							a. NAME (Type or print)			h. Ti	ELEPHONE
d CITY	c. COUNTY						and the second				
e. STATE IT. ZIP CODE C. TITLE (Type or print)	d. CITY e. STATE f. ZIP CODE						c. TITLE (Type or print) NUM			NUMBER	

STANDARD FORM 36 JULY 1966 GENERAL SERVICES ADMINISTRATION FED. PROC. REG. (41 CFR) 1-16.101 REF. NO. OF DOC. BEING CONT'D PAGE OF **CONTINUATION SHEET** N00173-12-Q-0305 11 NAME OF OFFEROR CONTRACTOR All Quoters ITEM NO. QUANTITY UNIT UNIT AMOUNT SUPPLIES/SERVICES PRICE 0001 EA GFI Sandbox Type: Internal Licensing: Single P/N: 491NU24SA 0002 Additional 1 Year Support/Maintenance for item #1 LO 1 (4 each) Brand name or equal If available please include a published price list or a cost breakdown and return the RFQ package to the following fax number (202) 767-1708. Any questions concerning this Request for Quotation (RFQ) must be emailed to SolQnA@nrl.navy.mil at least five (5) days before the closing date shown in block 10 on page 1 of the RFQ.